

**NORTH CAROLINA COMMISSION ON MENTAL HEALTH,  
DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES**

**Advisory Committee Minutes**

**Holiday Inn Brownstone  
1707 Hillsborough Street  
Raleigh, NC**

**Thursday, April 12, 2007**

**Attending:**

Laura Coker, Clayton Cone, Dorothy Crawford, Judy Lewis, Carl Shantzis, Ed.D.,  
CSAPC, Floyd McCullough

**Ex-Officio Committee Members:**

**Excused:**

Emily Moore, Ann Forbes, Marvin Swartz, MD

**Division Staff:**

Steven Hairston, Denise Baker, Marta T. Hester, Andrea Borden, Markita Keaton,  
Monica T. Jones, Michelle Edelen, Susan Kelley

**Others:**

Larry Swabe, Claire Szaz, Nelse Grundvig, Amy Hewitt, Michael Owen, Holly Riddle  
John Crawford, Michael Dublin

**Handouts:**

1. Memorandum on Implementation Update #25: Revised Community Support Rates
2. Resolution on Community Support
3. Handout on PowerPoint Presentation, entitled "Where to From Here? Developing a Workforce to Meet the Needs"
4. Location of Workforce Development Focus Groups
5. NC Licensing Boards and Licensed Professionals

**Call to Order:**

The meeting was called to order by Dr. Carl Shantzis at approximately 9:45am. Following the welcome and introductions, Dr. Shantzis reviewed the day's agenda and the minutes from the January 18, 2007 meeting. The Advisory Committee minutes were approved after the following change: *add Steve Hairston's name at the bottom of page 156 in the Commission packet for the Rules and Advisory Committee Meetings, dated April 11-12, 2007.*

Clayton Cone, Commission member, discussed the Memorandum dated April 5, 2007 on Implementation Update 25: *Revised Community Support Rates*, which was disseminated at the Rules Committee Meeting on April 11, 2007 by Steven Hairston, Section Chief of Operations Support at the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). Mr. Cone advised members that Anna Scheyett, the Co-Chair of the Rules Committee meeting, had developed a 'resolution' to address this issue for the Commission consideration and adoption. The original resolution was amended by the Rules Committee. The resolution was then adopted in its amended form.

The resolution, adopted by the Rules Committee, is noted below:

April 11, 2007

#### Resolution

The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services, pursuant to its authority under G.S. 143B-147(a)(3) to advise the Secretary of the Department of Health and Human Services regarding the provision and coordination of mental health, developmental disabilities, and substance abuse services, does hereby declare:

Whereas:

On February 7, 2007 Secretary Odom issued a memorandum stating that there was to be a focused system review of Community Support Services.

In this same memorandum it was stated that a concern leading to this review was a belief that "an over-reliance on this service may be hampering the availability of other enhanced services", i.e. concern about increased utilization of the service.

In this same memorandum it is stated "Community Support was designed to provide a specific case management function performed by a qualified professional and to develop specific skill building tools for consumers."

On April 5, 2007 Dr. Allen Dobson and Mr. Michael Moseley issued Implementation Update #25, wherein it was stated that the rate for Community Support would be reduced from \$15.24 per 15 minute unit to \$10.00 per 15 minute unit, a decrease of over 34%. In addition, it was stated that this rate is effective with claims paid on or after April 1, 2007, i.e. is a retroactive decrease. The decision contained in this implementation bulletin appears to have been arrived at without community or consumer input.

In this same Implementation Update it is stated that the prior rate was based on the assumption that "a significant portion of the service that any individual received

would be delivered by a Qualified Professional” and that rates were decreased upon the discovery that “the vast majority of the services are being provided by paraprofessional staff.

Therefore, be it resolved:

1. It is the view of the Commission that:
  - a. Community Support is an essential service for consumers working towards recovery, which can and should encompass evidence-based practices such as Illness Management and Recovery, Family Psycho education, Integrated Dual Diagnosis Treatment, and other skill-teaching interventions.
  - b. It is important that, as originally intended, a significant portion of these services be provided by well-trained and qualified professionals, rather than paraprofessionals.
  - c. High utilization of Community Support is not exclusively a rate issue, but rather an issue of authorization, care management, person centered planning, and training, as well as a part of the larger issue of lack of service capacity
  - d. Reduction of Community Support rates by 34 percent will ensure that these services are only provided by paraprofessionals who are less skilled, rather than trained and qualified providers, and will thus reduce quality of service or prevent improvement in service.
  - e. In addition to the dramatic reduction of Community Support rates, the timing and retroactive nature of the decision represents a lack of collaborative process and partnership with relevant stakeholders. The timing and retroactive nature of the decision will also seriously harm the ability of providers to remain financially sound and continue to provide care to consumers.
2. The Commission therefore requests that:
  - a. Implementation of Update #25 be placed on hold for period of 60 days or longer and Community Support reimbursement be returned to its original rate pending a more thorough examination of the issue.
  - b. Rather than rate reduction, the Department:
    - i. develop requirements for Community Support that will improve quality of service and maximize chances for recovery, such as: having tiered rates for professional and paraprofessional services; ensuring that a significant portion of services are provided by qualified professionals; ensuring that all Community Support providers are thoroughly trained in recovery and treatment options across the continuum of care; and ensuring all Community Support providers are appropriately supervised in their work.
    - ii. study the issue within the larger context of lack of service capacity across the state
    - iii. develop a comprehensive plan for improvement in Community Support service provision. Such a planning process should include

- the advisory and consultative bodies such as the External Advisory team, as well as any other relevant stakeholders.
- iv. engage in careful study of the Value Options authorization process for Community Support.

***Upon motion, second and unanimous vote the Advisory Committee members approved and adopted the resolution.***

The Advisory Committee will advise the Commission Chair Pender McElroy that the resolution was unanimously adopted by the Advisory Committee members.

Following the resolution's adoption, each of the four Workforce subcommittees presented an update on their activities to the full Advisory Committee.

**Update from Governance Subcommittee**

Michelle Edelen, the Co-Chair of the Governance Subcommittee, advised that her group completed the development of the Purpose, Mission and Vision statements for the Workforce Development Initiative.

**Update from Professional and Direct Support Subcommittee**

Mr. Hairston, the Co-Chair of the Professional and Direct Support Subcommittee, disseminated a handout on the location of the workforce development focus groups. (See Attachment). Mr. Hairston told the committee that the University of North Carolina at Chapel Hill, School of Social Work will be assisting with staffing the focus groups and presenting a report. He further added that participants not participating in the focus groups can still provide valuable input through on-line surveys. The NC Council on Developmental Disabilities will provide listening sessions in order to capture feedback from direct service workers in the area of developmental disabilities regarding workforce issues.

The committee raised several questions regarding the focus groups. Laura Coker, Commission member, asked how the questions were being developed to be presented at the focus groups. Mr. Hairston advised that the Professional and Direct Support Subcommittee would be finalizing the questions at the subcommittee meeting scheduled for the day. Judy Lewis, Commission member, asked Mr. Hairston if the Commission members will be invited to attend the focus group sessions. He responded that for each focus group, there should be representation from the Commission and the staff at the DMH/DD/SAS.

Several Commission members volunteered to attend the meetings. Mr. Cone agreed to be present at the following meeting locations: Wilkes, Guilford, and Jackson Counties. Dr. Shantzis agreed to attend the Charlotte meeting and Dorothy Crawford volunteered to attend the meeting in Asheville.

### **Update from Data and Information Subcommittee**

Mr. Cone, the Chairperson of the Data and Information Subcommittee, mentioned that the Data Request Form was available should other subcommittees have data information needs. Mr. Cone advised that his subcommittee is continuing to try to collect more data on turnover and vacancy rates. Dr. Shantzis added that the subcommittee also acquired data on the Certificates of Need (CON) for available beds and that the subcommittee may also need to make a recommendation in this area. Mr. Cone stated that he is seeking information regarding the number of beds in each county. Mr. Hairston recommended that Mr. Clayton invite Jeff Horton, the Chief Operating Officer of the NC Division of Facility Services to attend an Advisory Committee meeting.

### **Update from Ad-Hoc Subcommittee on Regulatory Matters**

Denise Baker, the Co-Chair of the Ad-Hoc Subcommittee on Regulatory Matters, reviewed the handout on the *NC Licensing Boards and Licensed Professionals* (See Attachment). She informed the committee that the primary focus of the Ad-Hoc subcommittee currently is to examine the impact of rules and regulations upon the training, credentials and turnover rate of the paraprofessionals and professionals. Since the credentialing requirements vary for different professionals/paraprofessionals, the Ad-Hoc Subcommittee contacted some of the Local Management Entities (LMEs) and provider organizations about the credentialing process in order to examine the variation. She further advised that there is not a governing body for paraprofessionals.

Mr. Cone advised that there is a problem within the law which allows “paper mill” diplomas to be accepted as part of the credentialing process and the Commission needs to either address it in rule or it needs to be addressed within the law. He further added that some providers received their credentials from unapproved, non accredited schools and majored in field unrelated to their practice or area of specialization. Dr. Shantzis added that this situation Mr. Cone described affects students requesting loans to go to these unapproved institutions. Mr. Cone suggested that the Ad-Hoc Subcommittee on Regulatory Matters may want to consider these issues.

Mr. Hairston informed the Advisory Committee that there will be a meeting on May 16, 2007 for the chairs and co-chairs of the subcommittees to discuss a timeline on the final report to be developed on the Workforce Development Initiative. Following the subcommittee updates, the subcommittees went into their respective breakout sessions until they adjourned for lunch at 12:00 noon.

During the afternoon session, Nelse Grundvig, the Manager of the Labor Market Information Division at the NC Employment Security Division, delivered a powerpoint presentation to the Advisory Committee entitled, “Where to From Here? Developing a Workforce to Meet the Needs.” (See attached handout)

Following Mr. Grundvig’s presentation, Amy Hewitt, M.S.W., Ph.D., Training and Project Director from the University of Minnesota, Research and Training Center on Community Living, delivered a powerpoint presentation on workforce retention issues. Dr. Hewitt’s presentation included resources on Direct Support Professionals (DSP)

Workforce Web Sites, along with information on marketing, recruitment, selection, hiring, and training.

Holly Riddle, the Executive Director of the NC Council on Development Disabilities, informed the Advisory Committee about the grant that North Carolina received from the Centers for Medicare and Medicaid Services (CMS) which is being administered by Pheon Beal at the NC Department of Health and Human Services.

**Public Comment**

There were no comments during the public comment period.

*There being no further business, the meeting adjourned at 3:15pm.*